

ENVIRONMENTAL HEALTH DIVISION**TEMPORARY FOOD ESTABLISHMENT
LICENSE APPLICATION**

Must be submitted (15) days prior to event. (UNICODE sec. 920.01.a)

Ada & Boise County707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499
Fax: 327-8553**Elmore County**520 E. 8th North
Mountain Home, ID 83647
Ph. 587-9225
Fax: 587-3521**Valley County**703 N. 1st
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194
Fax: 634-2174

Please Print Clearly

Establishment Name:

Event Name:

Event Location:

Event City:

Event Phone Number:

Event Coordinator Name:

Coordinator's Phone Number:

Opening Date and Time:

Closing Date and Time:

Menu:

Legal Ownership of Establishment:

Mailing Address:

City / State:

Zip Code:

Home Phone:

Business Phone:

Contact Person:

Phone:

I understand that the license is not transferable and is based upon compliance with all rules of the State of Idaho determined on the basis of an inspection(s) by the local or state health authority and may be suspended for violation of such Rules Governing Food Safety and Sanitation Standards For Food Establishments (UNICODE) July 1, 1998.

Signature of Applicant

Date

For Health Department Use Only



Fee \$ _____

Date Received _____

Receipt # _____

Received by _____

Risk Assessment: L M H

License # _____

EHS 4 0 _ _ _

Approval Date _____

☐ Approved ☐ Disapproved ☐ Unregulated

EHS Signature _____ Act _____ IT _____ min.